

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 21 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42452

1. PLACE OF DEATH

County Ozark
Township Smith
City South Greenfield (No. 5321)

Registration District No. 277 1101
Primary Registration District No. 5321

File No. 40
Registered No. 40
St. _____ Ward _____

2. FULL NAME

Thomas Jefferson Bishop
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clem Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 : 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 91B

10. Date deceased last worked at this occupation (month and year) 18B

11. Total time (years) spent in this occupation 18B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Ind

13. NAME Thomas Jefferson Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth, N. Y.

15. MAIDEN NAME Francis Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper County, Virginia

17. INFORMANT (ADDRESS) Ezra Bishop, South Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsboro, Mo. DATE 12-16-34

19. UNDERTAKER (ADDRESS) Truett Cox, South Greenfield, Mo.

20. FILED 1-26 19 35 20 Wm Registrar.

☒ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-7-1934 to 12-15-1934. I last saw him alive on 12-15-1934. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Gangrene of foot due to arterio-sclerotic occlusion of the blood-vessels. Date of onset _____

Other contributory causes of importance: 91

Name of operation Ceivsymptom Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 70

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) H. S. Bruner, M. D.
(Address) Willes, Mo.

